

Child's Name \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Date of IFSP meeting \_\_\_\_/\_\_\_\_/\_\_\_\_

## NH Family-Centered Early Supports and Services (ESS)

### INDIVIDUALIZED FAMILY SUPPORT PLAN (IFSP)

Type: Initial \_\_\_\_ Annual \_\_\_\_ Projected Start Date of IFSP \_\_\_\_/\_\_\_\_/\_\_\_\_ Projected End Date of IFSP \_\_\_\_/\_\_\_\_/\_\_\_\_

Child's name \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Child ID # \_\_\_\_\_

Parent \_\_\_\_\_ phone \_\_\_\_\_ (h) \_\_\_\_\_ (c) \_\_\_\_\_ (w) \_\_\_\_\_

Parent \_\_\_\_\_ phone \_\_\_\_\_ (h) \_\_\_\_\_ (c) \_\_\_\_\_ (w) \_\_\_\_\_

Address \_\_\_\_\_ Town of legal residence: \_\_\_\_\_

Primary Language \_\_\_\_\_ My family needs an interpreter. \_\_\_\_yes \_\_\_\_no Race/Ethnicity \_\_\_\_\_

Date of Initial Referral \_\_\_\_/\_\_\_\_/\_\_\_\_ If found eligible, date initial IFSP must be completed by \_\_\_\_/\_\_\_\_/\_\_\_\_

Referral Source/How our family heard about ESS \_\_\_\_\_

Area Agency \_\_\_\_\_ Contact \_\_\_\_\_

Service Coordinator \_\_\_\_\_ Phone \_\_\_\_\_ (w) \_\_\_\_\_ (c) \_\_\_\_\_

Program \_\_\_\_\_

Address \_\_\_\_\_

#### IFSP Team Members (at this meeting or not, who have helped in developing this plan.)

Agency	Name	Title	Present	Not present, input given
Family		Father		
Family		Mother		
Family		Other:		
		Service coordinator		

## NH Family-Centered Early Supports and Services (ESS)

### FAMILY ASSESSMENT SUMMARY

**Child Strengths:** What our child does well. What she/he enjoys doing.

**Child Needs:** Areas of our child's development we would like help with so we can help our child.

**Family Strengths:** What our family enjoys doing together. What resources our family has (such as family/friends who help; groups that give supports).

**Family Needs:** What supports we'd like to know more about (see list on back of page).

**Family Priorities:** What is most important to us right now.

## **NH Family-Centered Early Supports and Services (ESS)**

### **FAMILY ASSESSMENT SUMMARY (cont'd)**

Here is a list of topics that your Service Coordinator can provide help with. There may be other topics that you would like help with that are not listed. These topics may also be used to help write family outcomes.

- ☐ Information about how children grow and develop
  - ☐ Particular conditions which impact child development
  - ☐ Activities to do with children
  - ☐ Appropriate toys for children
  - ☐ Other places in the community to get help
  - ☐ Childcare, babysitting, and/or "respite"
  - ☐ Children's behavior and how to handle it
  - ☐ Healthy meals and nutrition
  - ☐ How to answer other people's questions about your child
  - ☐ Resources for housing
  - ☐ Resources for employment
  - ☐ Resources for help with finances
  - ☐ Spiritual support or worship
  - ☐ Other \_\_\_\_\_
-

## NH Family-Centered Early Supports and Services (ESS)

### CHILD ASSESSMENT SUMMARY

(This information comes from all the different reports and information gathered during the evaluation process and on-going assessments.)

#### Gross Motor (how I move)

<b>Right now I can:</b>
<b>What I need help with:</b>

#### Fine Motor (how I use my hands and fingers)

<b>Right now I can:</b>
<b>What I need help with:</b>

#### Sensorimotor (how I respond to light, sound, touch, and how I use my eyes and ears)

<b>Right now I can:</b>	
<b>This is how I use my eyes to see:</b>	<b>This is how I use my ears to hear:</b>
<b>What I need help with:</b>	

#### Cognitive (how I think and solve problems)

<b>Right now I can:</b>
<b>What I need help with:</b>

#### Communication (how I tell people what I want and understand what people say to me)

<b>Right now I can:</b>
<b>What I need help with:</b>

## CHILD ASSESSMENT SUMMARY

### Social/Emotional (how I show my feelings and handle different situations)

<b>Right now I can:</b>
<b>What I need help with:</b>

### Adaptive/Self-Help (how I take care of myself such as eating, dressing, and calming myself)

<b>Right now I can:</b>
<b>What I need help with:</b>

### Current Health Status (any medical concerns; are my immunizations up-to-date)

<b>I am healthy as shown by:</b>	<b>My primary doctor is:</b> phone #
<b>My health concerns are:</b>	
<b>I see other doctor(s) because:</b>	<b>Other doctor(s) I see:</b>

### Assessment Team Members (other than family member[s] of assessment team)

**Assessment Completed:** drop-down of Hawii or Infant Toddler

Assessor(s) (name and Title)	Date(s) of Assessment	Where It was Done

\_\_\_\_\_ is eligible for Family-Centered Early Supports and Services based on:

Developmental Delay in \_\_\_\_\_ area(s) of development.

Atypical Behavior \_\_\_\_\_  
(Description)

Established Condition of \_\_\_\_\_.

At Risk for Substantial Delay based on: \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_ is not eligible for Family-Centered Early Supports and Services.

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## NH Family-Centered Early Supports and Services (ESS)

## IFSP CHILD/FAMILY OUTCOME

## New Hampshire Family-Centered Early Supports and Services (ESS) Model IFSP Form

<b>I would like _____ to:</b>	
<b>We will know that he/she can do this when:</b>	
<b>What we will do to help _____ achieve this outcome:</b>	<b>Who will help:</b>

When the outcome was developed: \_\_\_\_\_

Expected date of completion: \_\_\_\_\_

## NH Family-Centered Early Supports and Services (ESS)

### IFSP SUPPORTS and SERVICES (to help us reach our outcomes)

Support/Service	How This Will Be Provided	How Often	How Long Each Time	Who Will Do This	Where This Will Be Done*	How This Will Be Funded	Start Date	End Date

### Natural Environment Statement

**\*If any support/service cannot take place in our child's natural environment, the reason why and the plan for moving them back to our child's natural environment, including timelines.**

### other supports/services (community services, including medical)

Support/service	how will this be funded or how we will get this support/service through a public or private source

**NH Family-Centered Early Supports and Services (ESS)****TRANSITION PLAN**

When our child is **2 years old** (or earlier or our child is no longer eligible\*\*) our IFSP team will put together a plan to begin the transition process.

<b>Transition Plan –</b>	<b>Will we do it?(Yes/No)</b>	<b>Who will do it?</b>	<b>When do we expect to do it?</b>	<b>When did we do it?</b>
Transition plan initiated at IFSP meeting				
Decision made to refer to special education				
Written referral made to special education				
Referral to community service				
Submit request to have AA eligibility determined				
Transition Conference with family, ESS, school, others as appropriate				
IEP team decides the next steps in special education process (Disposition of Referral)				
Information sent to school, other community services				
Evaluation Summary Meeting to determine eligibility for special education				
Eligibility for AA services determined				
IEP development				
Desired community services in place				
Follow-up contact with family to assess outcome of transition				

**\*Refer to transition timeline page 8 of “Transition from Family-Centered Early Supports and Services: A Guide for Families and Staff” when determining dates.**

I participated in the development of this plan.

Parent(s) signature \_\_\_\_\_

date \_\_\_\_/\_\_\_\_/\_\_\_\_

Service Coordinator signature \_\_\_\_\_

date \_\_\_\_/\_\_\_\_/\_\_\_\_

\*\* If at any time we decide to no longer receive early supports and services, or if in a year when our child is determined to no longer be eligible for early supports and services through the evaluation and assessment process, then our IFSP team will develop a plan to help us transition out of early supports and services.





## Family-Centered Early Supports and Services (ESS)

### PARENTAL CONSENT to IFSP SUPPORTS/SERVICES

(this page must be completed at each IFSP team meeting, including reviews)

#### Parents' Informed Consent for Early Intervention Supports/Services

\_\_\_\_ I have taken part in developing this IFSP and understand everything in it. I understand I can accept or refuse any or all of the supports/services in this plan.

\_\_\_\_ I accept the supports/services in this IFSP.

\_\_\_\_ I do not accept the supports/services in this IFSP.

\_\_\_\_ I accept some of the support/services in this IFSP.

The following supports/services may take place while we discuss our disagreements:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_ I have been given a copy of the Know Your Rights! Booklet and my rights have been explained. I understand that I can ask for help with any of the information in the booklet.

Parent/Legal Guardian Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Parent/Legal Guardian Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_